



Dear Friends,

Last week the postman delivered an "award" to the FMSF. Actually, it was an unsolicited advertisement from a company selling things the Foundation could buy to celebrate ten years of existence. But for the FMSF, that is not something to celebrate. Rather it is sad evidence that the FMS problem has not been solved and that even though the number is diminishing, there are still families who need the newsletter and the Foundation.

It defies reason that the problem continues. It is distressing that there are families who have not yet reunited and, perhaps, never will. What needs to be done is a matter of will. Here are two steps that might be helpful:

First, families often need help to get communication started. A doctor who was treating a recovered-memory patient called a family meeting.

"For that meeting, the doctor had decided that we would not rehash the sexual abuse issue but seek to bring us together on the common ground we shared." (from family letter)

It is tragic that so many professionals sat silently on the fence during the height of the recovered memory fad. It is inexcusable in 2002 that they do not now take active steps to attempt to set things right for families. Just imagine if all families could be reconciled as this one was.

Second, professionals should use only safe and effective therapies. It is the shame of the mental health profession that although there are now many evidence-based therapies that are recommended by professional organizations, most therapists don't use them—indeed, their use appears to be diminishing. What an indictment! (See Sanderson p 4)

It is no surprise, then, that there are still therapists who work on excavating the past, even though no part of the recovered memory belief system has stood up to science. There are no contemporary signs or symptoms that are diagnostic of past abuse. There is no scientific evidence that memories of traumatic events are more accurate; that traumatic events cause amnesia or multiple personality; that memory-recovery techniques can be used reliably to recover accurate memories; or that this type of therapy does any

good (is effective).

There *is* scientific evidence that false memories can be created with techniques often used in therapy and that memories for events with great personal meaning can be confabulated. There *is* incontrovertible evidence that digging for memories can do harm and, therefore, is not safe. The failure to adopt evidence-based therapies can only have a "disastrous impact on the viability of psychotherapy as the healthcare system evolves."^[1]

Unfortunately, the climate of over-reaction in sex-abuse cases has not abated even though there is sound evidence that sex abuse is declining. (p. 4) For example, in spite of a unanimous Massachusetts Pardon Board recommendation, Governor Swift will not release Gerald Amirault. A "Teacher's Story" in this issue (p. 9) describes the ongoing nightmare of false accusations in education. The FMSF gets just as many calls as it always has from families in which accusations are made by young children, almost always in the context of divorce and custody proceedings.

But the recovered-memory movement has declined in spite of the climate surrounding charges of sex abuse and in spite of professionals' reluctance to adopt evidence-based therapies. It is unlikely that you will now find a therapist stating publicly that he or she can tell if someone is abused when they walk through the door.^[2] The vast majority of "survivor" newsletters are now defunct. The FMSF telephones are increasingly quiet for new FMS cases.

Why has the decline occurred? In his column Allen Feld discusses some specific changes that have taken place. History will ultimately provide the answer, but we are very sure that the legal actions against negligent therapists will

In this Issue...

Barden	5
Feld	7
Legal Update	9
Gallagher	9
From Our Readers	11
Bulletin Board	14

The next issue will be combined May/June

be viewed as a primary reason. In this issue attorney Christopher Barden gives a timely explanation of the legal strategies, heavily based on the use of science, that brought a turn-around in the legal aspects of the recovered memory movement in less than a decade.

A decade ago, all families were at the beginning of the continuum from newly accused to reconciled and living "happily ever after." The recent FMSF survey shows, however, that close to half (44%) of the families who responded to the survey have resumed contact and are working at reconciliation. That's good news. The survey also shows that retractors are significantly younger ($p = <0.001$) than either returners or refusers. Perhaps it is not realistic to expect that all offspring will eventually retract.

The survey indicated that there was a significant difference between families of retractors, returners and refusers to the question of whether someone acted as a mediator (family member, clergy, etc.). Families with retractors were significantly more likely to have had that help. ($p = <0.001$). The majority of the FMSF families desperately need that same kind of assistance to bridge the impasse. Obviously that kind of help must come from a person with whom the accuser has a good relationship.

The implication of this is that the Foundation needs to continue and expand efforts to reach professionals and others who could help in this way. We will do that through talks and articles in professional publications. We hope that FMSF supporters will continue to be active educators. This month, we take off our hat to Kathy Begert, a member from Ohio who has been the driving force behind some excellent conferences for professionals. Each of us *can* make a difference.

We give our deepest thanks to all who have provided the financial support for us to continue our work. New technologies that didn't exist a decade ago and the changing needs of people who contact the Foundation should enable us to continue with greatly reduced expense in the future. For how long? We will know when it is time to stop the newsletter when we stop getting your letters.

Pamela

1. Sanderson, W.C. "Are Evidence-Based Psychological Interventions Practiced by Clinicians in the Field?" *Medscape Mental Health* 7(1), 2002.

2. O'Brien, M., "Abuse memories trigger double-edged debate" *The Hour* - Norwalk CT, Feb 5, 1994.

special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. *Editorial Support:* Toby Feld, Allen Feld, Janet Fetkewicz, Howard Fishman, Peter Freyd. *Columnists:* August Piper, Jr. and Members of the FMSF Scientific Advisory Board. *Letters and information:* Our Readers.

SAVE THESE DATES

When? Sat. October 5 and Sun. October 6, 2002

Why? A National Conference on Family Reconciliation

Where? Glenview, Illinois (Chicago suburb)

Who? Cosponsored by the FMS Foundation and the Illinois-Wisconsin False Memory Society

What? Presentations will focus on Reconciliation.

Speakers will include: Harold Lief, M.D., Elizabeth Loftus, Ph.D., Paul McHugh, M.D., William Smoler, Esq. There will be several panels, and, of course, Round Tables.

A REMINDER OF THE EARLY 90s

Abuse memories trigger double-edged debate

Michael O'Brien

The Hour - Norwalk CT, Feb 5, 1994

"It generally starts with focusing, clearing the mind and dropping into your body," [Mignon] Lawless said. "Then you ask your body to give a word, phrase or image, then you pull out the videotape and watch it."

Lawless said people's memories are in a "storage room" with access to videotapes, books or filing cabinets, "depending on what modality works best. Usually, we work with videotape."

Other memory-retrieval methods Lawless advocates include past-life regression, and certain kinds of touch "that can bring back memories of sexual abuse."

"It's all out there," she said. "You can't quantify it, and you can't prove it, but when a person has a traumatic experience, the body remembers and stores it."

Lawless, who said 70 percent of her patients are incest survivors, said she can tell if someone has a history of abuse the minute they walk into her office.

"I'm very interested in (skeptics), because I'm not so sure those on the questioning bandwagon aren't survivors themselves, and don't want to touch it with a 10-foot pole," Lawless said.

"Six months after her own parole board unanimously called for commutation of his sentence—and pointed out, in a way unprecedented for such a body, the ludicrous charges, the grave doubts as to the justice of this prosecution—Gov. Swift has still been unable to bring herself to act one way or another."

Rabinowitz, D. "The Liberation of Jack Henry Abbott" *The Wall Street Journal* 2/15/02.

Thomas A. Sebeok

Thomas A. Sebeok, FMSF Advisory Board member and an expert in nonverbal communication in all organisms, died on December 21, 2001 in Bloomington, Indiana. Dr. Sebeok was 81 years old.

Dr. Sebeok was a pioneer in the field of semiotics and worked in the areas of folklore, anthropology, linguistics and animal communication. Dr. Sebeok revolutionized the field of semiotics with the publication of "Approaches to Semiotics" in 1964. He received the Distinguished Service Award of the American Anthropological Association and he held visiting appointments at 33 universities in 17 countries.



Memory for Memory

Joslyn, S., Loftus E., McNoughton, A. & Powers, J. *Memory & Cognition*, 2001, 29 (5) 789-797.

Those who support the argument that people can recover repressed memories of sexual abuse generally cite retrospective studies that ask subjects to remember the past—specifically, to remember that they had forgotten the memories. The research by Joslyn et al. addresses the accuracy of people's memory about a past memory in retrospective studies.

Participants read short passages and by telephone a day later answered questions about the passages. After six weeks, they again answered the original questions but also some new questions about their previous answers. Participants accurately remembered past memory successes about 80 percent of the time but only poorly remembered the failures. People consistently judged their memory to be more accurate than it actually was. The authors suggest that this may indicate that people may not necessarily have access to explicit memories that they claim to remember, but that they infer from an "inflated analysis of their own

abilities."

The authors cite a study by Schooler, Bendiksen, & Ambadar (1997) ⁽¹⁾ that describes a situation in which a person claimed to remember an abusive event for the first time while in therapy. Other people close to the patient, however, said that they had discussed the event with her several times before the therapy event. The authors note that this "sequence of events could give the appearance of lifting 'total repression,' when actually the specific incident was consistently available to memory."

1. Schooler, J.W., Bendiksen, M., & Ambadar, Z. (1997) Taking the middle line: Can we accommodate both fabricated and recovered memories of sexual abuse? In M. Conway (Ed) *False and Recovered Memories* (pp. 251-192). Oxford University Press.



Are Evidence-Based Psychological Interventions Practiced by Clinicians in the Field?

Sanderson, W.C.
Medscape Mental Health 7(1), 2002.

The author notes that even though there are now many evidence-based treatments (EBT) for specific psychiatric disorders and even though these are recommended for use by professional organizations, practitioners typically do not use them. Sanderson uses treatment for panic disorder as an example. In a previous study the author found that only 15% to 38% of patients with this condition received an evidence-based psychological intervention. Even more disturbing is that an identical study done 5 years later showed that the use of EBT treatment had declined for this disorder.

Why don't therapists use therapies that have been shown to be safe and effective? Sanderson suggests that (1) they do not have the skills to administer these treatments; (2) continuing-education programs do not require training in EBTs and (3) many clinicians have a negative bias toward them.

The author concludes that the failure to adopt evidence-based therapies

may have a "disastrous impact on the viability of psychotherapy as the healthcare system evolves."



False Confessions and False Memories: A Model for Understanding Retractor's Experiences

Ost, J., Costall, A. & Bull, R.
Journal of Forensic Psychiatry Vol. 12 (3)
December 2001, 549-579

Although observations have been made about the parallels between false confessions and the recovery of abuse memories, this is the first research to explore that possibility. The research on false confessions has documented that in response to strong social influence, people do sometimes make false claims about their past in a way that can have serious negative implications for themselves. The authors note that in 1997, Kassir ⁽¹⁾ observed that both suspects who falsely confess and 'false memory syndrome patients' are in a situation in which an authority figure claims to have privileged insight into an experience in the individual's past. Both "are in a state of heightened vulnerability regarding their memories, the interaction takes place in a context devoid of external reality, and in both cases the 'expert' convinces the individual to accept a negative and painful self-insight."

Ost and colleagues write that three types of false confessions have been noted in the literature: Voluntary, Coerced-compliant and Coerced-internalized. After analyzing a questionnaire administered to 22 retractors, they found that retractors could also be grouped by these three categories. The researchers determined that three of the retractors fit into the Coerced-compliant category and these people reported retracting their claims as soon as they had escaped the immediately stressful context. Four of the participants fit into the Voluntary category. These people had entered therapy with the suspicion that they had been

abused. The rest seemed to belong to the Coerced-internalized category in which the person enters therapy with no idea that she or he had been abused but in time becomes convinced that the abuse did occur.

The balance of the paper examines the social pressures that appear to have existed for those in the Coerced-internalized category.

I. Kassir, S. M. (1997) "False Memories Turned against the Self" *Psychological Inquiry* 8: 300-2.



Is Child Sexual Abuse Declining?

Harvard Mental Health Letter, (1)

January 2002

According to a study by L.M. Jones and colleagues, the number of substantiated cases of child sexual abuse peaked in 1992 but has declined by 39% in intervening years. Strangely, some of the administrators of Child Protection Services were unaware of this fact and many who did know had not given it much thought. When pressed by interviewers, administrators in 43 states "offered a variety of often mutually contradictory explanations." They seem to find the numbers suspicious.

The researchers noted that changes in reporting and processing of cases could not fully explain the decline.

Jones and colleagues conclude that people in the child protection field are not very interested in using statistics to evaluate programs. They say that it will be difficult to maintain confidence in the system if the people who are in charge don't know what the drop in substantiated cases means.

1. The HMHL report is based on Jones, L.M. et al. "Why Is Sexual Abuse Declining? A survey of State Child Protection Administrators," *Child Abuse and Neglect*, Vol 25, (2001) 1139-1158.



Self-Reported Negative Experiences and Dissociation

Johnson, R.C., Edman, J.L. & Danko, G.P. *Personality and Individual Differences* Vol. 18 (6) 793-795, June, 1995 [1]

Many advocates of recovered

memories argue that dissociation results from having experienced a traumatic event such as sexual abuse. This report examines the association between dissociation and the frequency with which people report that a variety of bad things have happened to them. Ninety-seven college students completed a 22-item "bad things" scale and the Bernstein and Putnam dissociation scale. The "bad things" items ranged from serious ("I was sexually abused") to trivial (e.g. "I have been short changed in stores.")

Dissociation scores were predictable from either the non-traumatic or the traumatic items. The authors write: "These results suggest that dissociation is linked with a general tendency to recall and report negative experiences rather than solely with having experienced major traumatic events. Claims of having experienced traumatic events and dissociation may share a common underlying basis in neuroticism."

They conclude: "We can say, with confidence, that persons who report having experienced a larger number of negative events also are more likely to report dissociative experiences, and that these negative events do not have to do exclusively or even largely with what most of us would regard as traumatic events."



The False Litigant Syndrome: 'Nobody Would Say That Unless It Was the Truth'

Schefflin, A.W. & Brown, D.
Journal of Psychiatry & Law
Fall-Winter 1999, 649-705

Whereas the Ost et al. paper cited above compares the false confession literature with former therapy patients at the time that they recover memories of abuse, Schefflin and Brown compare the false confession literature with former patients at the time they retract the therapy beliefs. They argue that retractions in "every one of the 30 cases" in

which author Daniel Brown, Ph.D. served as a defense expert were the result of post-therapeutic social influence. They claim that suggestion came from exposure to false-memory information, participation in groups of other retractors, media exposure, consultations by pro-false memory experts and that "sometimes litigious patients, plaintiff attorneys and other individuals intentionally solicit other former patients in order to influence them."

Schefflin and Brown set up their argument by casting doubt on the retractor's believability. They note that of the 30 cases they studied, 37% had received diagnoses of Dissociative Identity Disorder (DID) and 53% received diagnoses of Dissociative Disorder Not Otherwise Specified (DDNOS). The authors suggest that this shows that the doctors questioned the "the legitimacy of the alter behavior or of a full DID diagnosis." They note that a "clinically significant factitious [fabricated] behavior was found in 33% of the cases, although defendant clinicians had not always detected the pattern of deception." The authors also note that: "contrary to the bad-therapy hypothesis, the main finding was that the great majority of the cases adhered to a generally accepted model of phase-oriented trauma treatment."

Unfortunately it is impossible to confirm these observations because no list of cases is provided. Most of the 18 cases mentioned were those in which retractors received substantial awards. Obviously Brown was not able to convince juries that the "generally accepted model of phase-oriented trauma treatment" was good for these patients.

For the Schefflin and Brown argument to be sustained, it is necessary to accept the notion that the beliefs that former patients held while in therapy were historically accurate. This leads to preposterous beliefs about murders never discovered, duck personalities and other impossible acts.



COMMENTARY

The Real Truth about Science Intensive Litigation Against Negligent Psychotherapists

by R. Christopher Barden, Ph.D.

Copyright © R. Chris Barden

I recently read an article by Alan W. Schefflin and Daniel Brown entitled, "The false litigant syndrome 'Nobody would say that unless it was the truth,'" *The Journal of Psychiatry & Law*, 27/Fall-Winter, 1999. This article is another example of the error-ridden, rambling material we have come to expect from pro-dissociation "experts". [1]

This disjointed article begins with global pronouncements we can all agree with—there are too many improperly obtained, false confessions in the criminal justice system. These obvious platitudes are then coupled in an illogical fashion with wildly inaccurate and misinformed speculations about "false memory litigation." Although it would take dozens of pages to fully dissect the errors and inaccurate information within this odd article, a few specific examples will hopefully be instructive.

On page 677, we see a summary of highly idiosyncratic interpretations of psychotherapy negligence litigation. The authors write, "[I]n essence, as many experts have written or testified in court, the therapist is being sued for believing the patient." The authors provide other detailed, odd speculations on individual cases and then ramble on and on as if to give the overall impression that the legal system was duped in case after case into finding innocent therapists guilty of malpractice. These musings—from two individuals who apparently have never litigated a single such case—are wildly inaccurate and misleading.

As a participating trial attorney and/or science litigation consultant in many (very many) of the major lawsuits in this field, perhaps I can help set the record straight. How were we—

using science intensive litigation methods—able to set several records for jury verdicts and settlements in psychotherapy negligence lawsuits? How were we able—again and again and again—to convince judges and juries that the analyses of "dissociation" experts like Brown, Schefflin, Ross, Braun, van der Kolk and others were not credible? Were we really simply convincing judges and juries that therapists were guilty of believing patient reports? The truth is far more interesting and far more important.

To create a viable national group of lawyers helping to regulate the mental health system we knew it would be necessary to convince attorneys across America that lawsuits—for negligent therapy causing emotional injuries (not involving death of patient, homicide, suicide or physical injury)—were winnable and economically viable. As we began the trial of *Hamanne v. Humenansky* in the summer of 1995 there were no examples of million dollar verdicts in such suits and lawyers everywhere believed large verdicts in such cases were "impossible." Using a radical new trial strategy now known as "science intensive litigation"—multidisciplinary teams of professionals educated juries in scientific methodologies while exposing the methodological and ethical errors of defendants and defense experts. This new strategy worked so well it produced two multimillion dollar verdicts within six months (despite enormous sums spent to defend these cases). The psychotherapy negligence Bar was thus born and the psychotherapy industry and licensing boards began to pay serious attention to our efforts. [2]

Why did we enjoy such success in these supposedly "impossible" cases—and in the dozens of similar settlement cases? What did the jury learn in science intensive litigation? First we proved that the "therapists" had grossly violated patients' fundamental right to informed consent protections. [3]

We used *Frye/Daubert* hearings to exclude testimony from defense "experts" based on junk science theories like "dissociation," "repressed memories" and "recovered memories." Experts whose testimony was wholly or partially excluded by anti-junk science hearings in these cases have included Mr. Schefflin (our client won a \$2.5 million verdict) and Dr. Brown (our client won a total dismissal of all criminal charges). [4]

In addition, we presented peer reviewed scientific literature to judges and juries proving that "dissociation," "repression," "recovered memories" and similar concepts have no empirical support—"it's a bunch of crazy nonsense" as one juror reported. Jurors thus viewed these "therapists" as dangerous, reckless quacks, not as innocent professionals who "believed the patient."

Jurors also uniformly reported that the most powerful process in these trials was the devastating contrast between experts. The plaintiff's experts (e.g., Profs. Loftus, McHugh, Ofshe, Grove and others) were world class scholars from major institutions who testified with knowledge and power and were unscathed in cross examinations.

In stark contrast, defense experts were typically individuals with shocking educational deficits—not tenured scholars from major institutions—who were decimated by cross examination questions from an attorney/scientist. In sum, we subjected the defendants—and the defense experts—to a detailed social science cross examination (e.g. explain the terms "reliability and validity," tell us the methodological errors in your research, define the term 'Kappa coefficient'). The defendants—and defense experts—failed these exams miserably and the jury knew it. This was a particularly devastating phase of these trials as many jurors noted "it was quickly apparent to us that the examining attorney knew

far more about these matters than the defendants or defense repression experts." Were these juror impressions accurate? The chart below documents some basic educational differences between the cross examining attorney and two typical defense experts in the major false memory lawsuits.

Ph.D. or M.D. From a Graduate Training Program Approved by Professional Associations (e.g. APA, AMA)?: Dr. Brown-NO; Mr. Schefflin-NO; Dr. Barden-YES.

Tenured or Tenure Track Appointment at Major University Department of Psychology or Medical School?: Brown-NO; Schefflin-NO; Barden-YES.

Principal Investigator on Relevant Research Grants with Federal, Major Institutional or Foundation Funding?: Brown-NO; Schefflin-NO; Barden-YES.

Editorial or Consulting Editorial Board Position on APA, AMA or APS Journal?: Brown-NO; Schefflin-NO; Barden-YES.

National Research Award in Relevant Field?: Brown-NO; Schefflin-NO; Barden-YES.

Appointment by Governor to State Licensing Board?: Brown-NO; Schefflin-NO; Barden-YES.

Publications in the leading APA Journal in Social Psychology?: Brown-NO; Schefflin-NO; Barden-YES.

Publications in the leading APA Journal in Child Psychology?: Brown-NO; Schefflin-NO; Barden-YES.

Publications in the leading APA Journal in Personality Psychology?: Brown-NO; Schefflin-NO; Barden-YES.

Publications in the leading APA Journal in Law and Psychology?: Brown-NO; Schefflin-NO; Barden-YES.

and so on and so on and so on. These educational discrepancies were apparent to jurors in the courtroom. Even more devastating, plaintiff's experts (Loftus, McHugh, Ofshe, Grove, etc.)—some of the most important social/medical scientists in the world—were clearly understood and uniformly respected by juries while defense experts—under the harsh spotlight of science intensive cross exami-

nation—fared poorly indeed with judges and juries.

Even this limited, truncated analysis should help to clarify why so many verdicts and settlements in the millions of dollars were obtained by science intensive litigation specialists suing "recovered memory" therapists. Schefflin and Brown's lengthy diatribe about "recanters" and "diagnoses" and "social influences" are simply inaccurate and irrelevant misperceptions of these landmark cases. As for the plaintiffs in these cases they are and remain heroes who regained mental health and dignity by escaping the clutches of reckless and abusive therapists. The fact that so many of these "therapists" are no longer practicing at all demonstrates that licensing boards, attorneys general and professional organizations agreed with the analyses offered by plaintiffs, plaintiffs' attorneys, and plaintiffs' experts.

Clearly, one of most powerful and lasting societal lessons to be learned from these cases is the essential need to use science intensive methods in complex litigation — especially in family and criminal law. Despite the overwhelming success of these science/law team methods, too many attorneys remain mired in the "horse and buggy days" — in which even the most experienced JD-only attorneys fare very poorly in attempts to cross examine even mediocre social science and medical experts. As Professor Will Grove and I noted some time ago...

"..In the world of Daubert/Kumho analysis, a science-law team should be the minimal standard of legal practice, to help ensure that these complexities are properly addressed. We believe attorneys have an affirmative duty to consult with or defer to expert attorneys or scientists in the relevant fields. Improper loss of a Daubert/Kumho hearing may yield dire consequences for clients (e.g., loss of an important legal action, false imprisonment of an innocent client, or an innocent child's continued exposure to an abusive

environment) and could even lead to a new area of legal malpractice claims. The demand for specialized education and knowledge created by Daubert, Kumho, and related decisions is likely to hasten the advent of the multidisciplinary team approach to science-intensive litigation." [5]

The multidisciplinary litigation-education-regulation-prosecution-legislation process that lead to the precipitous decline of the "recovered memory" and "dissociation" industries is an important lesson in how scientists, families, legal professionals and others can band together to stop widespread consumer frauds in the health care industries. Future chapters in this continuing saga remain to be written.

1. See the detailed critique of the work of these authors by Piper A Jr, Pope HG Jr, Borowiecki JJ. Custer's last stand: Brown, Schefflin, and Whitfield's latest attempt to salvage "dissociative amnesia." *J Psychiatry Law* 2000;28 Summer:149-213.

2. To learn more about this history read Barden, R.C., Informed Consent in Psychotherapy: A Multidisciplinary Perspective, *The Journal of the American Academy of Psychiatry and the Law*, Vol 29, No. 2, pgs. 160-166, 2001.

3. To better understand how this process appeared in open court read Cannell, J., Hudson, J.I., & Pope, H.G., Standards for Informed Consent in Recovered-Memory Therapy, *J Am Academy Psychiatry and the Law* 29: 138-47 2001.

4. To learn more about this important process read Grove, W. M. and Barden, R.C. (2000) Protecting the Integrity of the Legal System: The Admissibility of Testimony from Mental Health Experts Under Daubert/Kumho Analyses, *Psychology, Public Policy and Law*, Vol 5, No. 1, 234-242.

5. See, Grove and Barden, *Psychology, Public Policy and Law*, Vol 5, No. 1, 234-242.

Christopher Barden, Ph.D. (U of Minnesota, U. of C. Berkeley, Palo Alto V.A./Stanford); J.D. (Harvard Law School); is a Licensed Attorney; Licensed Psychologist; and Science Consultant in private practice in Salt Lake City, Utah.



Ten Years, Significant Change

Allen Feld

March 2002 marks the completion of the FMSF's 10th year as a formal organization. In 1992, a small group of professionals and falsely accused parents believed an organization was necessary to correct a serious societal problem. An early step was the formation of an illustrious and prestigious Professional and Scientific Advisory Board that included people with outstanding credentials and membership in widely accepted professional organizations. The members of this board showed great courage in their confrontation of a "politically correct" position and in their willingness to be identified with families who claimed they were falsely accused of incest.

The FMSF decried the fact that the science of memory was ignored or distorted by too many therapists, the popular media and the public at large. It brought attention to the egregious harm suffered by many families and sought to find avenues to avoid similar mistakes in the future. The Foundation worked to address the seemingly gross injustices experienced by parents within the courts and the return to the rules of evidence. The founders of the FMSF recognized that the self-policing mechanisms put into place by the voluntary professional organizations and the state-created licensing boards were not working.

(Lest anyone believe that this sad episode is over, as I got to this point in a first draft, I learned that an 86-year-old woman who had just been accused by her 57-year-old son had called the office.)

Honoring the many people who have been so helpful to families would be an impossible task. Additionally, specifying the role that the Foundation played in the significant changes that occurred since 1992 is beyond my capability. I cannot even begin to objectively measure what contributions FMSF has made to alleviate the

problems that were mushrooming at the time of its inception. However, the fact that so many important improvements occurred during the Foundation's existence does not warrant, in my opinion, a claim of "victory." Indeed, I don't believe that the concept of victory, or even the term is appropriate for a situation like FMS. It is obvious that the problem still exists, although on a lesser scale than a decade ago.

What follows are some important changes that have occurred during the Foundation's existence. It is not intended to be a comprehensive list and undoubtedly other observers would develop different lists.

- As we enter 2002, there is now a vast and growing literature available to the public about memory, false memories, and false accusations.

- Research concerning false memories and how they may be created is widely available.

- There is virtual unanimity among the major professional organizations that external corroboration is required to establish the truth of a memory.

- While it is hard to document, I suspect that fewer cases against parents may be entering the courts and I hear less about the kinds of threatening letters to parents from lawyers that were so common in the early days of the Foundation.

- Although third-party lawsuits continue to be a difficult legal remedy for families to pursue, several parents have been successful in this relatively novel legal venture.

- There have been many high profile and successful lawsuits against therapists by retractors. That fact may have contributed to what I believe is a decrease by therapists in using practices that may create false memories.

- The number of retractors and returners continues to grow.

- The number of calls from new families is currently a mere trickle of what it was in the first several years of

the Foundation's existence.

Obviously I believe that many positive changes have taken place since 1992, and I leave it to others to decide what role the Foundation played in these changes. FMSF was wrestling with an international problem and its constituents were widely dispersed. It relied heavily on volunteers to augment its small paid staff, and it dedicated much of its efforts to activities that might contribute to a change in the environment. A climate change, it was believed, would reap several benefits: significantly diminish legal actions against parents based solely on uncorroborated new "memories"; pave the way for falsely accused parents to work toward family reconciliation; help those making false accusations to reexamine their newly-created beliefs; and reduce future problems concerning false accusations against parents. The Foundation's resources, structure, staff and efforts were far more suited to work at those societal levels than with the intensive face-to-face work required by the large number of individual families.

On a more personal level, the Foundation provided services to families and individuals by phone and by letter. Callers and writers sought help in dealing with the initial shock of being falsely accused and of losing a child. The Foundation also responded to a variety of requests and questions from members, retractors, those questioning their memories, professionals, researchers, the media, students and the public at large. Other Foundation activities were dedicated to public education, helping attorneys find resources to better represent their clients in FMS issues, documenting what was happening in families and in the legal system and preparing more than a dozen amicus briefs.

It is disappointing that many families do not have the reunification for which they hoped. The Foundation grieves for those parents who passed

away before there was a retraction. We reluctantly accept the probability that some families may never experience reunification. The Foundation knows that important changes have occurred, but fears the damage done may never be fully repaired for far too many.

As it completes its 10th year, the Foundation is grateful for important changes that have taken place. The Foundation is pleased for the many families that have reunited and we remain hopeful that many more families will reach that status. The Foundation will continue to focus its attention and efforts on activities that bring families back together again.



The Ultimate "To-Do" List

The trio also kept meticulous to-do lists. One found in their kitchen included the following: "Call lawyers, study multiple personalities, go to dentist, get guns, get a divorce, declare bankruptcy."

Kim Curtis, "Preliminary hearing for trio accused in five deaths expected to wrap up"
The Associated Press State & Local Wire,
December 20, 2001.

FMS Therapy Profile

<u>Before Therapy</u>	<u>After 4 Years of Therapy</u>
Happily married 1 child	Divorce proceeding Child custody battle
Loving caring supportive family	No contact with mother, family Occasional contact with brothers (walking on eggs)
Practicing attorney Bright future	Unable to work Future bleak No husband, No Child No family for support No job No money A Mom

Memories Reflect Our Current Views

Jennifer Hoult, a musician, computer scientist and currently a law student, won a lawsuit against her father in the early 90s. Ms Hoult recently appeared on a BBC radio program describing her flashbacks of abuse. Compare it with her from a decade ago. (BBC LiveFive 1/27/02)

From the BBC programme:

INTERVIEWER: She started having flashbacks of her father abusing her. At any point did the therapist suggest to you that you might have been abused?

HOULT: No

INTERVIEWER: It never came from her.

HOULT: No, not at all. She certainly never steered me in any direction towards sexual abuse. You know, I guess some people have very fragmented flashbacks, but mine were really entire incidents. For me it was like completely re-experiencing what had happened.

From her sworn testimony in U.S. District Court for the District of Massachusetts (Hoult v. Hoult, 1993).

Before October 1985, Jennifer testified, she didn't "know" that her father had ever put his penis in her vagina, or that he had put his penis in her mouth, or that he put his mouth on her vagina (p. 290). She paid her therapist \$19,329.59 (p. 155) to acquire that knowledge.

"Well, my memories came out . . . when I would sit and focus on my feelings which I believe I call visualization exercises because I would try to visualize what I was feeling or be able to bring into my eyes what I could see" (pp. 247-248).

"In Gestalt therapy, the sub-personalities are allowed to take over and converse with one another and hopefully resolve their conflicts. Each personality gets a different chair, and when one new one starts to speak, the individual changes into that personality's seat. It sounds weird, and it is. But it is also an amazing journey into one's self. I've come to recognize untold universes within myself. It feels often very much like a cosmic battle when they are all warring with one another" (pp. 287-288; see also page 249).

"Using art and truth for smaller purposes is not new: *Sybil*, a 1973 best-seller, worked a similar smoke and mirrors on a gullible public. *Sybil* purported to be about a real woman who developed 16 personalities. Claimed 'multiple personality disorder' diagnoses surged after the book and a subsequent movie. But in 1998, a psychologist discovered tape recordings that indicate 'Sybil's' multiple personalities were perpetrated on a very suggestible patient by an ambitious doctor and documented by an equally ambitious author. *The diagnosis now has lost its cachet.* (Emphasis added.)
Curtiss, A.B., "Creative history distorts truth" *USA Today*, 1/24/02, p 15A

"Although caution is required in generalizing from laboratory to life, the findings also imply that therapists who encourage clients to 'tell more' may elicit extra information, but it is more likely to be incorrect than correct. In particular, the false recognition results imply that if a therapist suggests an event that is consistent with other recalled information, then it may be accepted as having happened when it actually did not.

Stuart J. McKelvie
"Effects of Free and forced Retrieval
Instructions on False Recall and
Recognition" *Journal of General
Psychology*, July, 2001, 261-278.

Kidd vs Our Lady of the Lake

Case No. 400,881 c/w 414635

On February 1, 2002 after five days of trial, a Baton Rouge jury awarded Frances Kidd \$182,516 for harm done in 1992 when the then 16-year-old was a patient at Our Lady of the Lake Hospital. Ms Kidd's parents had taken her there because she suffered from anorexia and depression. While in the hospital, Ms. Kidd, now 25 years old, came to believe that her father had abused her and that it would be dangerous for her to live with him. At 16 years old, she moved alone to Atlanta.

Daniel Brown, Ph.D., the defense expert testified that Ms. Kidd experienced no harm at the hospital but he failed to convince the jury. The jury believed John Cannell, M.D., the expert for Ms Kidd, who explained the history of false memories, mental health's misadventure. The jury awarded Ms. Kidd \$100,000 for past mental pain, psychological injury and suffering; \$32,516 for past medical expenses and \$50,000 for future medical care. Because the case was tried 9 years after the fact, fault for injuries during those 9 years was apportioned between the hospital, Frances Kidd and others.

Attorneys for Frances Kidd were Skip Simpson and Jerry Meek of Simpson and Meek, P.C., in Dallas, TX and also Wade Webster, of Middleburg Riddle and Gianna in New Orleans, LA.

Attorney for the Patient Compensation Fund was George Cotton of Lane & Cotton in Baton Rouge, LA.

Did you move?

Do you have a new area code? Please inform the FMSF Business Office

Settlement in N Carolina

Trivette vs Coward

Case No 00 CVS 542 Sup Ct Div
Watauga, N Car

A confidential settlement has been reached in the case of Trivette v Coward. According to the complaint, Robin Trivette had sought counseling with psychologist Lynn Coward in July 1996 after the death of her grandfather whom she always knew had abused her. Very early in his treatment, Coward recommended that his patient read *The Courage to Heal*. Trivette's symptoms grew worse and she was diagnosed as suffering from Dissociative Identity Disorder.

Prior to her care with Coward, there had never been a hint of alters. After reading *The Courage to Heal* and being under the influence of powerful prescribed drugs, she started referring to herself with different names. Coward recommended that she receive inpatient treatment at Sheppard Pratt Hospital in Baltimore. When Trivette questioned her diagnosis Coward recharacterized this suspicion as denial which, he suggested, was itself a symptom of the disorder. During the course of treatment, the patient was hospitalized several times for depression and suicidality at other hospitals. In October 1999, Coward abruptly terminated his treatment. No details of the settlement are available.

Attorney for the plaintiff was Skip Simpson of Dallas, Texas. Attorneys for the defendant were Alan Duncan and Lisa Garrison of Smith, Helms, Mullis & Moore in Greensboro, NC.

Parents Against Cruel Therapy

To receive the free monthly newsletter IMPACT, call 217-359-6667 or email d9it@aol.com David Hunter -
www.angryparents.net

The Teachers' Nightmare Michael Gallagher

The doorbell rang that cold December day in 1997 and my life changed forever. Two detectives from the local police department asked if I was Michael Gallagher. They stated that a complaint had been filed against me. I was asked to go with them to the station. I asked if I needed a lawyer and they said, "No" which was their first lie. Without an attorney and with full trust in law enforcement I went with them. At the police station they told me that a student I had taught twelve years ago said that I had sexually molested her back then at least twenty times. This female stated that I had raped her in my fifth grade classroom, in my car, and in an unidentified apartment in our county. Flabbergasted, I denied everything. I was asked to take a polygraph and to permit the detectives to search our house for pornographic pictures of her. I agreed to both. Of course, they found nothing in my house and I passed the polygraph test.

That evening I hired a lawyer. A month later the police abused my trust in them from that December day and arrested me. They turned around what I had honestly told them and created an Affidavit of Probable Cause which falsely showed that I might be guilty. The so-called polygraph operator contacted the district Attorney's Office and said that I had not passed the lie detector test. It is interesting to note that in later months the township police department conveniently "lost" the test.

I was then lead, in handcuffs, to the district Judge while all the television news stations in the Delaware Valley recorded my entrance. Humiliated, I still held my head high because I knew I was innocent. The judge, whom I knew, bound me over for trial even though there were no witnesses nor any evidence to this

young woman's charge.

The police were hoping that, with my picture being shown on television, other former students would come forward against me and their work would be done. No one ever did. Frustrated, the authorities then began their investigation, questioning all the former students from that class and others from recent classes that I had taught. All related that I had never touched them nor had they ever seen me alone with my accuser. The next day after my arrest, I was suspended without pay by my school district. I thought, "How will I ever survive? How will my family live?" Without even a trial, my school district had decided I was guilty by their cruel action. They wanted no contact with me although I had served as an outstanding teacher for twenty-five years in the township's elementary schools. My union president, however, went to our local, and to the state and national conventions in order to raise money for me so I could live. My sisters loaned me money so I could afford my lawyer. A school volunteer who was also a friend gave me \$10,000 and when I went to write a promissory note he told me that was not a loan. I received money, hundreds of cards and letters and phone calls from all my friends and fellow teachers. Without the help of all those good people I don't know how I would have survived.

Winter turned into spring, and spring into summer, but nothing was happening. I began to feel lonely and depressed. In the fall of the year the prosecutor decided, at my attorney's urging, to call in this female again for further questioning. Her story, told so believably according to them last year, now fell apart. She had dropped some details and added new ones. Deciding to polygraph her, the prosecutor found that she was lying about the whole accusation. She had claimed to remember everything about these "rapes"

since she was in my class in 1985. I, however, was in possession of an anonymous letter which we had determined she had written to my superintendent in 1993. In that letter she claimed that she had just recovered repressed memories of my assaults on her. My attorney was going to spring this letter at trial to show the jury just what a liar she was.

On October 22, 1998, I was exonerated and a press conference was held. This time the media showed me in a more positive light. I was the top story that evening on the local news and my story aired on *Dateline NBC* that December. The school district reimbursed me all my back pay and I took a medical leave for the rest of the school year.

In June of 1999 I retired and have been active ever since trying to get a bill passed by the state legislature that would make false accusations of serious crimes into felony offenses.

I have been speaking to student teachers at local colleges about my story and how best they can protect themselves from false accusations.

I used to think such allegations against teachers were rare but now I know differently. After my story ran in the *NEA Today*, the official newspaper of the National Education Association, many teachers throughout the country contacted me. They had their own stories to tell me about their false accusations. Some, in fact, were still going through this nightmare. Larry, a fourth grade teacher in Monroeville, PA said that he had been accused of improper touching by three female students. He was presently suspended without pay and awaiting trial. His first trial ended in a hung jury but in his second trial, four months later, the jury very quickly found him innocent of all charges.

Jan, a teacher in Colorado, e-mailed me a story of how she was falsely accused of witchcraft and demonology for doing relaxation tech-

niques to help students learn math facts. A man named Jack from Massachusetts had alleged charges of sexual abuse filed against him by the Department of Social Services, charges that to this day are still pending although he was completely exonerated by the grand jury.

Last year a false accusation was reported on national television that concerned a Maryland physical education teacher and seven students from a sixth grade class. After he was falsely accused of sexual misconduct, the students recanted their story saying that they did it because they didn't like him. And just recently in Bucks County in my home state of Pennsylvania, a teacher in the Pennridge School District was completely exonerated of sexual wrongdoing by a jury after three of his social studies students brought charges against him. Incredibly, the superintendent refuses to give him back his teaching position because he doesn't believe the jury and still thinks this teacher guilty. I have in my possession twenty-four e-mails from teachers as a result of that NEA story. Of that total, thirteen are from teachers who have been falsely accused of sexual molestation. And I believe there are many, many more cases that just don't make the news. The president of the Maryland State Teachers Association is quoted as saying that a few years ago they received one or two calls a week from teachers saying a student was making a false claim against them. He now states that they get one or two calls a day.

Many teachers today, as a result of cases like mine, are wary of students. They keep their doors open when teaching and will not be alone with a child. I tell the student teachers that I address, to not answer any serious false allegation without a union representative or an attorney present. What a shame that teachers are fearful of giv-

ing a lonely child a hug or a struggling student a pat on the back! But the reality is that we are all faced with a litigious society and teachers are extremely vulnerable because of their dealings with not only children but with their parents.

Sometimes I am asked how I ever got through my false accusation without a physical or mental problem. I tell them it is because of three supports: my faith, my family and my friends.

I am now left with a negative opinion of our law enforcement agencies. When I was young I was taught that

the police were our friend and I believed that until 1998. My trust was used against me in order for a few members of the police and district attorney's office to enhance their careers instead of trying to find the truth. It is unfortunate that these officials did not investigate my accuser before arresting me. Just how many innocent teachers and other citizens are hurt by their vicious methods we will never know. I pray every day for all the falsely accused.



In the newly published *New Oxford American Dictionary*

FALSE MEMORY, n., Psychology, an apparent recollection of an event that did not actually occur, esp. one of childhood sexual abuse arising from suggestions during psychotherapy. [as adj.] **FALSE MEMORY SYNDROME**

And on *OED Online*, New Edition, draft entry Dec 2001

FALSE MEMORY, n. The reporting as a memory of an event that did not occur; (now spec.) the apparent recollection, esp. during psychotherapy or psychoanalysis, of childhood sexual abuse (esp. in **FALSE MEMORY SYNDROME**). Also as a count noun: an instance of this; a supposed memory of something which has not occurred. Cf. recovered memory s.v. **RECOVERED** ppl. a. Most examples of false memory in the late 19th and early 20th centuries, then considered to be a form of paramnesia, would now be regarded as delusion or confabulation.

1876 *Mind* 1 554 It was an exaggerated form of the common consciousness of previous action identical with that being performed, which was described by Jansen &c., as Double-Consciousness, and by Sander as False Memory (Erinnerungsduschungen).

1894 *Philos. Rev.* 3 361 False memory is a total illusion, which reasoning cannot destroy.

1914 *Jrnl. Abnormal Psychol.* 8 411 Many alleged cases of such false memory center about ideas which are abhorrent to the ordinary introspective consciousness, for all repressed complexes are ipso facto thus abhorrent.

1948 *Mind* 57 81 An extravagant scepticism might even suggest that we might all have been created with ready-made false memory images of a past which never existed.

1987 *Brit. Jrnl. Exper. & Clin. Hypnosis* 4 101, 31 students viewed a videotape of a simulated bank robbery and were exposed to false memory suggestions under hypnosis.

1993 *N.Y. Rev. Bks.* 18 Nov. 66/1 By virtue of his prodding..to get his patients to 'recall' nonexistent sexual events, Freud is the true historical sponsor of 'false memory syndrome'.

1997 *Daily Tel.* 25 Mar. 6/2 The report..hopes that the number of practitioners who create false memory in patients is very low.

Clicking on the "etymology" button yields: < **FALSE** a. + **MEMORY** n.; in quot. 1876 translating German *Erinnerungsduschung* (W. Sander 1874 in *Arch. f. Psychiatrie* 11 244); cf. also German *Erinnerungsfalschung* (E. Kraepelin 1886 in *Arch. f. Psychiatrie u. Nervenkrankheiten* 17 830).

F R O M O U R

— R E A D E R S

Christmas 2001

Jaye D. Bartha

This holiday season was one of unexpected delights.

The most treasured gift I received was the sound of my parents laughter heard through telephone wires 1700 miles away on Christmas morning. They giggled as they opened the treasures I mailed them a week earlier, and were bursting with joy that I had begun a new phase in my life – one that promised stability and prosperity after years of recuperating from repressed memory therapy.

Three days after Christmas I realized the most precious gift I gave was the letter I spent several hours crafting to someone I'd never met. The recipient of my letter was the adult daughter of dear friends. Their daughter is entrenched in repressed memories which have her believing her parents are monsters – not the caring people I've known for 10 years. I wrote with hopes of shedding light into her dark corner, a corner well known to me because I spent many Christmas holidays there too. I can only press on regardless.... And hope.



Steps in the Reconciliation Process

My daughter found it necessary to "save face." She partially let us off the hook when she attended my mother's memorial service in May 2000. She asked me to go for a walk with her upon return to our hotel after a family supper that was after the service and a reception. Unfortunately, I was too tired to cope with a late evening walk after such a day. I asked her if she'd like to have her dad walk with her. To my surprise she said yes. They were gone for a long time. Her dad reported that she had more or less said she didn't think he'd molested her, but quick-

ly noted that someone did and we should have protected her from that. (Would that parents could protect their kids from all harm.) For some time after that she was wavering back and forth. Any comment she didn't like in an email or letter was met with fury.

For many months she still would not visit us (she insisted on having her own room at the hotel for the funeral). When she came to our city to attend her best high school friend's wedding, she would not stay with us, although she did come to visit us briefly and walk though the new home we had bought in her absence.

All that has changed since then. She is now much less apt to respond to things with fury, will stay with us, is quite loving and cheerful during visits and in phone conversations.

I believe she still clings to some of the RMT teachings. Occasionally, however, she will make a comment about how apt people are to blame their parents for everything, when what they need is to get their own life together and stop the blame game. So, I think she is questioning some of the ideas so firmly in place several years ago. She doesn't want to discuss the matter of her therapy or beliefs. I don't know if that will ever become a possibility. I'd like to know more about how she got into this stuff and how she began to question her parents' being to blame, but if she can't do that—I can live with it. It is such a joy to have her back.

A Mom



What Got Her Thinking?

After several years, the right opportunity came to ask my daughter what got her thinking she might have made a mistake in her accusations. She replied that in the first place, after several years of counseling and several different counselors, she didn't like the path the last one was taking her down, i.e., trying to find multiple personalities.

But the real breakthrough in her thinking came when she started attending Al-anon meetings to help her deal with an alcoholic husband. There, she said, nobody gave advice except to tell you it doesn't matter what all has been done to you, or what your situation is. Your job is not to find whom to blame, but to decide what you can do about what is happening around you. She said the emphasis on personal responsibility and taking charge of your own attitudes and actions was what brought her around to seeing that blaming us was not helpful for her own healing.

It was later that she began wondering whether she even had anything to blame us for, in light of the fact that neither her sister nor her brother would believe her.

A Mom



No Longer an FMS Statistic

My daughter became an FMS statistic eleven years ago. She sought therapy when she was in the process of divorce and also pregnant. Her therapist, a medical doctor, diagnosed her as MPD caused by intergenerational satanic ritual abuse and sexual abuse. She immediately divorced herself from all her family, tried to commit suicide, and began years of unsuccessful therapy. She is considered disabled, on SSI, and has had a difficult eleven years trying to support herself and her two children without help from family.

My family and I tried to reconcile with her and even contacted Paul Simpson for help—all to no avail. About four years ago, however, in the middle of the night, for the first time, my daughter called and talked to me for two hours about her health and other superficial things. She never called again. Two years ago, I moved to a city that is only two hours from where she lives. I wrote her a nice letter informing her where I was now living and suggested that we work with a mediator to try and work things out. Her reply was short and curt. She

asked me never to try to contact her or her children again and if I did she would get a restraining order against me. I took her at her word until this holiday season.

Her sister and elderly grandmother planned to visit me during the holidays so I wrote a note to my daughter and asked her and her children to come for dinner and visit with us, knowing full well that she might possibly throw my letter in the trash. To my surprise, I received a very nice note from her inviting us to come to her city instead. She wanted us to tour the school her children are attending and also to go to their musical recital followed by dinner. I responded saying that we would love to come. As it turned out, the grandmother was unable to come. I was afraid that she might be the only reason my daughter was willing to see us. I wrote her the news but she responded that she would be expecting the two of us, her sister and me. As you can imagine, when the big day arrived, I was somewhat anxious. Not nearly as much as I might have been years earlier, however. The good thing about time passing is that it is healing or maybe numbing.

When we met, we hugged and exchanged niceties. I had not seen my grandchildren since they were very small. I felt somewhat awkward about meeting them. When they got out of the car, I reached and hugged them and they hugged me back. After that, I knew I would be able to handle the rest of the visit. Nothing was said about the past or about the future. She did not inquire about her family and revealed little about herself. All in all, the visit went very well. At the end of the day when my daughter and I were leaving to go home, there was no mention of seeing one another again. I thought at the time, I might not see her again for another eleven years. I did feel elated having seen my two grandchildren, knowing that a door had been opened to future interactions at some later

date. I returned home feeling okay but still somewhat puzzled over the visit.

It was Christmas week and I had given everyone gifts so I was hoping I would receive a thank you note. After a week passed, I wrote to my daughter and told her how much I had enjoyed seeing her and that I hoped we could get together again. Another week passed so I assumed I would not hear from her again. However, this week I received a phone call from her. She said that she had called so the children could thank me for their Christmas gifts. Again I was so surprised. We talked about an hour and then she said, "Mom, you mentioned that you wanted to get together again." We then made plans to get together for lunch in my city. This will be the first time that I will be alone with her. I have no idea how long this will last or why she agreed to see me. I do know that she is still seeing her original doctor twice a week and most likely would not have anything to do with me without his approval. Since I filed a complaint against him, I am certain he does not feel kindly toward me.

In every issue of the Newsletter, I read the stories of other parents who have had some contact from their child and I always say to myself that it would never happen to me. Something has happened for which I am very thankful. I know I must handle every encounter very carefully and it is hard, but not nearly as hard as not having my daughter and grandchildren.

I will keep you informed of the progress.

A Mom



**"Recovered Memories:
Are They Reliable?"**

**FREE. Call or write the FMS
Foundation for pamphlets. Be sure
to include your address and the
number of pamphlets you need.**

From Rumor TO REASON:

**Accusations of Child Sexual Abuse: Current Scientific, Legal,
and Cultural Perspectives**

A One-day Conference for Psychologists, Attorneys, Social Workers, and
Law Enforcement Personnel

April 13, 2002

McConomy Hall, Carnegie Mellon University, Pittsburgh

Sponsored by Center for Applied Psychology, Indiana University of PA
CMU and Education Plus+

- *Mark Pendergrast* - Memory Creation and Science • *Terence W. Campbell,*
Ph.D. - Children, Suggestibility and Autobiographical Memory • *Jack*
Quattrocchi, Esq. - The Roles of the Legal System and Experts

Students and interested non-professionals are welcome.

FOR MORE INFORMATION

Kathy Begert, 1134 Rathburn Road, Wooster, OH 44691,
phone: 330-263-7798. E-mail: KBegert846@aol.com

**One Family's Journey - Part 2
Follow up and a memorial service**

The beginning of this story appeared in the November/December 2001 Vol. 10 No. 6 FMSF Newsletter - "It's hard to know where to begin. A couple of months ago, we were in shock to receive a letter from our 34-year-old son who, after 18 years, was reaching out for contact."

Our son was driven to reach out to us because his younger sister was diagnosed with an aggressive life threatening cancer. For six months, my daughter struggled for her life and in the end, refused to have any contact with us.

Our son tried to bridge the 18-year gap for my daughter, encouraging her to open-up to our love and support and let us make contact with her. She would not or could not let go of a hatred that festered from the rewritten and false history that her mother and therapists helped her to cast in cement many years ago. My son was torn, and conflicted about all of this.

In the end she forgave him for re-establishing his family ties with us but kept him to a promise not to reveal her whereabouts. She wanted to die without having to endure the psychological

and emotional anguish she thought such a meeting would be for her.

I received a grief-stricken phone call from my son early December 2001. We did not get to see her or say goodbye.

The maternal side of the family did not want their stepmother and me to attend the memorial service. My son felt angry with this and took a leadership role informing them that not only would his father and stepmother be present, but also some of his extended paternal family. None of my family had made contact with or said goodbye to my daughter.

My wife and I attended the reception after the service and stayed close to our son, his wife and our grandchildren. It was difficult to say the least, but I feel that in my heart I had to do this. After all, for my family and me, this is as much closure as we can get, not seeing her before she passed away. I do not have the words to convey what it was like delivering a eulogy and leaving with the sorrow of not seeing her before she passed away. This is the close of a chapter in a book that I thought ended a long time ago.



CONTACTS & MEETINGS - UNITED STATES

ALABAMA

See Georgia

ALASKA

Kathleen 907-337-7821

ARIZONA

Phoenix

Pat 480-396-9420

ARKANSAS

Little Rock

Al & Lela 870-363-4368

CALIFORNIA

Sacramento

Joanne & Gerald 916-933-3655

Jocelyn 530-873-0919

San Francisco & North Bay - (bi-MO)

Charles 415-984-6626(am);

415-435-9618(pm)

San Francisco & South Bay

Eric 408-245-4493

East Bay Area

Judy 925-376-8221

Central Coast

Carole 805-967-8058

Palm Desert

Eileen and Jerry 909-659-9636

Central Orange County

Chris & Alan 949-733-2925

Covina Area - 1st Mon. (quarterly)

@7:30pm

Floyd & Libby 626-330-2321

San Diego Area

Dee 760-439-4630

COLORADO

Colorado Springs

Doris 719-488-9738

CONNECTICUT

S. New England -

Earl 203-329-8365 or

Paul 203-458-9173

FLORIDA

Dade/Broward

Madeline 954-966-4FMS

Central Florida - Please call for mtg. time

John & Nancy 352-750-5446

Sarasota

Francis & Sally 941-342-8310

Tampa Bay Area

Bob & Janet 727-856-7091

GEORGIA

Atlanta

Wallie & Jill 770-971-8917

ILLINOIS

Chicago & Suburbs - 1st Sun. (MO)

Eileen 847-985-7693 or

Liz & Roger 847-827-1056

Peoria

Bryant & Lynn 309-674-2767

INDIANA

Indiana Assn. for Responsible Mental

Health Practices

Pat 219-489-9987

Helen 574-753 2779

IOWA

Des Moines - 1st Sat. (MO) @11:30am

Lunch

Betty & Gayle 515-270-6976

KANSAS

Wichita - Meeting as called

Pat 785-738-4840

KENTUCKY

Louisville - Last Sun. (MO) @ 2pm

Bob 502-367-1838

MAINE

Rumbold -

Carolyn 207-364-8891

Portland - 4th Sun. (MO)

Wally & Bobby 207-878-9812

MASSACHUSETTS/NEW ENGLAND

Andover - 2nd Sun. (MO) @ 1pm

Frank 978-263-9795

MICHIGAN

Grand Rapids Area - 1st Mon. (MO)

Bill & Marge 616-383-0382

Greater Detroit Area -

Nancy 248-642-8077

Ann Arbor

Martha 734-439-4055

MINNESOTA

Terry & Collette 507-642-3630

Dan & Joan 651-631-2247

MISSOURI

Kansas City - Meeting as called

Pat 785-738-4840

St. Louis Area - call for meeting time

Karen 314-432-8789

Springfield - 4th Sat. Apr, Jul, Oct

@12:30pm

Tom 417-753-4878

Roxie 417-781-2058

MONTANA

Lee & Avone 406-443-3189

NEW JERSEY

Sally 609-927-5343 (Southern)

Nancy 973-729-1433 (Northern)

NEW MEXICO

Albuquerque - 2nd Sat. (bi-MO) @ 1 pm

Southwest Room - Presbyterian Hospital

Maggie 505-662-7521(after 6:30pm) or

Sy 505-758-0726

NEW YORK

Manhattan

Michael 212-481-6655

Westchester, Rockland, etc.

Barbara 914-761-3627

Upstate/Albany Area

Elaine 518-399-5749

NORTH CAROLINA

Susan 704-538-7202

OHIO

Cincinnati

Bob 513-541-0816 or 513-541-5272

Cleveland

Bob & Carole 440-356-4544

OKLAHOMA

Oklahoma City

Dee 405-942-0531 or

Tulsa

Jim 918-582-7363

OREGON

Portland area

Kathy 503-557-7118

PENNSYLVANIA

Harrisburg

Paul & Betty 717-691-7660

Pittsburgh

Rick & Renee 412-563-5509

Montrose

John 570-278-2040

Wayne (includes S. NJ)

Jim & Jo 610-783-0396

TENNESSEE

Nashville - Wed. (MO) @ 1pm

Kate 615-665-1160

TEXAS

Houston

Jo or Beverly 713-464-8970

El Paso

Mary Lou 915-591-0271

UTAH

Keith 801-467-0669

VERMONT

Mark 802-872-0847

VIRGINIA

Sue 703-273-2343

WASHINGTON

See Oregon

WISCONSIN

Katie & Leo 414-476-0285 or

Susanne & John 608-427-3686

CONTACTS & MEETINGS - INTERNATIONAL

BRITISH COLUMBIA, CANADA

Vancouver & Mainland

Ruth 604-925-1539

Victoria & Vancouver Island - 3rd Tues.

(MO) @7:30pm

John 250-721-3219

MANITOBA CANADA

Roma 204-275-5723

ONTARIO, CANADA

London - 2nd Sun (bi-MO)

Adriaan 519-471-6338

Ottawa

Eileen 613-836-3294

Warkworth

Ethel 705-924-2546

Burlington

Ken & Marina 905-637-6030

Waubushene

Paula 705-543-0318

QUEBEC, CANADA

St. André Est.

Mavis 450-537-8187

AUSTRALIA

Roger: Phone & Fax 352-897-284

ISRAEL

FMS ASSOCIATION fax-972-2-625-9282

NETHERLANDS

Task Force FMS of Werkgroep Fictieve

Herinneringen

Anna 31-20-693-5692

NEW ZEALAND

Colleen 09-416-7443

SWEDEN

Ake Moller FAX 48-431-217-90

UNITED KINGDOM

The British False Memory Society

Madeline 44-1225 868-682

Deadline for the May/June Newsletter
is April 15. Meeting notices **MUST** be in
writing and sent no later than **two**
months before meeting.

Copyright © 2002 by the FMS Foundation

1955 Locust Street
Philadelphia, PA 19103-5766
Phone: 215-940-1040
Fax: 215-940-1042
E-mail: mail@FMSFonline.org
Web: www.FMSFonline.org

ISSN # 1069-0484

Pamela Freyd, Ph.D., Executive Director

FMSF Scientific and Professional Advisory Board

March 1, 2002

Aaron T. Beck, M.D., D.M.S., University of Pennsylvania, Philadelphia, PA; **Terence W. Campbell, Ph.D.**, Clinical and Forensic Psychology, Sterling Heights, MI; **Rosalind Cartwright, Ph.D.**, Rush Presbyterian St. Lukes Medical Center, Chicago, IL; **Jean Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Loren Chapman, Ph.D.**, University of Wisconsin, Madison, WI; **Frederick C. Crews, Ph.D.**, University of California, Berkeley, CA; **Robyn M. Dawes, Ph.D.**, Carnegie Mellon University, Pittsburgh, PA; **David F. Dinges, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Henry C. Ellis, Ph.D.**, University of New Mexico, Albuquerque, NM; **Fred H. Frankel, MBChB, DPM**, Harvard University Medical School; **George K. Ganaway, M.D.**, Emory University of Medicine, Atlanta, GA; **Martin Gardner**, Author, Hendersonville, NC; **Rochel Gelman, Ph.D.**, Rutgers University, New Brunswick, NJ; **Henry Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Lila Gleitman, Ph.D.**, University of Pennsylvania, Philadelphia, PA; **Richard Green, M.D., J.D.**, Charing Cross Hospital, London; **David A. Halperin, M.D.**, Mount Sinai School of Medicine, New York, NY; **Ernest Hilgard, Ph.D.**, (deceased) Stanford University, Palo Alto, CA; **John Hochman, M.D.**, UCLA Medical School, Los Angeles, CA; **David S. Holmes, Ph.D.**, University of Kansas, Lawrence, KS; **Philip S. Holzman, Ph.D.**, Harvard University, Cambridge, MA; **Robert A. Karlin, Ph.D.**, Rutgers University, New Brunswick, NJ; **Harold Lief, M.D.**, University of Pennsylvania, Philadelphia, PA; **Elizabeth Loftus, Ph.D.**, University of Washington, Seattle, WA; **Susan L. McElroy, M.D.**, University of Cincinnati, Cincinnati, OH; **Paul McHugh, M.D.**, Johns Hopkins University, Baltimore, MD; **Harold Merskey, D.M.**, University of Western Ontario, London, Canada; **Spencer Harris Morfit**, Author, Westford, MA; **Ulric Neisser, Ph.D.**, Cornell University, Ithaca, NY; **Richard Ofshe, Ph.D.**, University of California, Berkeley, CA; **Emily Carota Orne, B.A.**, University of Pennsylvania, Philadelphia, PA; **Martin Orne, M.D., Ph.D.**, (deceased) University of Pennsylvania, Philadelphia, PA; **Loren Pankratz, Ph.D.**, Oregon Health Sciences University, Portland, OR; **Campbell Perry, Ph.D.**, Concordia University, Montreal, Canada; **Michael A. Persinger, Ph.D.**, Laurentian University, Ontario, Canada; **August T. Piper, Jr., M.D.**, Seattle, WA; **Harrison Pope, Jr., M.D.**, Harvard Medical School, Boston, MA; **James Randi**, Author and Magician, Plantation, FL; **Henry L. Roediger, III, Ph.D.**, Washington University, St. Louis, MO; **Carolyn Saari, Ph.D.**, Loyola University, Chicago, IL; **Theodore Sarbin, Ph.D.**, University of California, Santa Cruz, CA; **Thomas A. Sebeok, Ph.D.**, (deceased) Indiana University, Bloomington, IN; **Michael A. Simpson, M.R.C.S., L.R.C.P., M.R.C., D.O.M.**, Center for Psychosocial & Traumatic Stress, Pretoria, South Africa; **Margaret Singer, Ph.D.**, University of California, Berkeley, CA; **Ralph Slovenko, J.D., Ph.D.**, Wayne State University Law School, Detroit, MI; **Donald Spence, Ph.D.**, Robert Wood Johnson Medical Center, Piscataway, NJ; **Jeffrey Victor, Ph.D.**, Jamestown Community College, Jamestown, NY; **Hollida Wakefield, M.A.**, Institute of Psychological Therapies, Northfield, MN; **Charles A. Weaver, III, Ph.D.**, Baylor University, Waco, TX

Do you have access to e-mail? Send a message to
pjf@cis.upenn.edu

if you wish to receive electronic versions of this newsletter and notices of radio and television broadcasts about FMS. All the message need say is "add to the FMS-News". It would be useful, but not necessary, if you add your full name (all addresses and names will remain strictly confidential).

The False Memory Syndrome Foundation is a qualified 501(c)3 corporation with its principal offices in Philadelphia and governed by its Board of Directors. While it encourages participation by its members in its activities, it must be understood that the Foundation has no affiliates and that no other organization or person is authorized to speak for the Foundation without the prior written approval of the Executive Director. All membership dues and contributions to the Foundation must be forwarded to the Foundation for its disposition.

The FMSF Newsletter is published 6 times a year by the False Memory Syndrome Foundation. The newsletter is mailed to anyone who contributes at least \$30.00. It is also available at no cost by email (see above) or on the FMSF website: www.FMSFonline.org

Your Contribution Will Help

PLEASE FILL OUT ALL INFORMATION
PLEASE PRINT

___ Visa: Card # & exp. date: _____

___ Discover: Card # & exp. date: _____

___ Mastercard: # & exp. date: _____

___ Check or Money Order: Payable to FMS Foundation in U.S. dollars

Signature: _____

Name: _____

Address: _____

State, ZIP (+4) _____

Country: _____

Phone: (_____) _____

Fax: (_____) _____

Thank you for your generosity.

LMS FOUNDATION
FALSE MEMORY SYNDROME
1955 Locust Street
Philadelphia, Pennsylvania 19103-5766

FORWARDING SERVICE REQUESTED.

SAVE THESE DATES
Sat. October 5 and Sun. October 6, 2002
A Conference on Family Reconciliation